

OFFICE USE ONLY

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By _____



VITAL STATISTICS

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OFFICE USE ONLY

Remit No. _____

Date _____

By _____

APPLICATION FOR ELECTION IDENTIFICATION BIRTH CERTIFICATE

PLEASE PRINT AND INCLUDE VALID ID

Full Name of Registrant	First Name	Middle Name		Last Name
Date of Birth	Month	Day	Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	City or Town	County		State
Full Name of Father	First Name	Middle Name		Last Name
Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

YOUR NAME: _____

TELEPHONE: (____) _____
(MON-FRI 8:00-5:00)

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

☐

By checking this box, you swear that the use of this Election Identification Birth Certificate is needed to obtain an Election Identification Card issued by the Department of Public Safety. The certificate cannot be used for any other purpose.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICATIONS WITHOUT IDENTIFICATION WILL NOT BE PROCESSED

Your Signature _____

Date of Application _____

Rec'd _____

Date _____

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09/02/2014
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